

LED JUL 7 1941

Registration District No. 607

Primary Registration District No. 5806

State File No. _____

Registrar's No. 26

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Le Sueur Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural Le Sueur Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30
year 41 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 24, 1941, to May 30, 1941
that I last saw him alive on May 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 10 da
Due to Ruptured appendix 10 da
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
12/1/11
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
(e) Means of injury _____

23. Signature John J. Million (M. D. number) _____
Address Portageville Mo Date signed May 1

3. (a) PRINT FULL NAME Willie Ann Fiddel

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Fiddel 6. (c) Age of husband or wife alive 39 years

7. Birth date of deceased: (Month) 12 (Day) 6 (Year) 1902

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>5</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace Morgan Co. Miss
(City, town or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Isaac Smoot

13. Birthplace Morgan Co. Miss
(City, town or county) (State or foreign country)

14. Maiden name Fabelle Morton

15. Birthplace Morgan Co. Miss
(City, town or county) (State or foreign country)

16. (a) Informant George Fiddel

(b) Address Portageville Mo

17. (a) Removal (b) Date thereof (Month) (Day) (Year) _____

(c) Place: burial or cremation Winston Miss

18. (a) Signature of funeral director Dorville Funnell

(b) Address Portageville Mo

19. (a) May 30, 1941 (b) Mary W. Gub
(Date received local registrar) (Registrar's signature)

533 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. _____

District File Number 741-8

Date Filed 7/3/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portsmouth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 607

Primary Registration District No. 5806

Registrar's No. _____

1. PLACE OF DEATH, New Madrid

(a) County _____

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie Ann Lisdell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race B

6. (a) Single, widowed, married, divorced m.

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 6 1902
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: June 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-30-1941 (b) Mary W. Coate
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: month May day 30
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged etiologically.

